

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42275

318

1003

Registrar's No. 10899

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. b. COUNTY _____ St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) _____ St. Louis		c. LENGTH OF STAY (In this place) _____ 4-days		c. CITY OR TOWN _____ Kirkwood 4623		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ City Hospital				e. STREET ADDRESS (If rural, give location) _____ St. Agnes Home, 10341 Manchester Road				
3. NAME OF DECEASED (Type or Print) a. (First) _____ Mary b. (Middle) _____ M. c. (Last) _____ King			4. DATE OF DEATH (Month) (Day) (Year) _____ Dec. 12, 1955					
5. SEX _____ F.	6. COLOR OR RACE _____ W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ S.	8. DATE OF BIRTH _____ Sept. 29, 1882		9. AGE (In years last birthday) _____ 73	IF UNDER 1 YEAR Months _____ 2 Days _____ 13	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Nil		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____ St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? _____ U.S.		
13a. FATHER'S NAME _____ James King			13b. MOTHER'S MAIDEN NAME _____ Bridgetta McGeave		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____ none known		17. INFORMANT'S SIGNATURE OR NAME _____ Mr. Leland Carpenter, Trust Officer, Mercantile Trust Co. ADDRESS _____				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Cerebro-Vascular Accident ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ 3:00A.M., from the causes and on the date stated above.								
23a. SIGNATURE _____ James M. Kelly, Registrar				23b. ADDRESS _____ 1300 Blank		23c. DATE SIGNED _____ 12-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ Burial		24b. DATE _____ Dec. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY _____ Calvary Cemetery		24d. LOCATION (City, town, or county) (State) _____ St. Louis, Missouri			
DATE REC'D BY LOCAL REG. _____ DEC 13 1955		REGISTRAR'S SIGNATURE _____ Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE _____ J. Donnelly		ADDRESS _____ 3840 Lindell Blvd.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46.....

P. O. Address 3840.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.